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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Starr Indemnity & Liability Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Group Accident - Only Rider		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Starr Indemnity & Liability Company
Product Name:	Group Accident - Only Rider
State:	Arkansas
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	10/22/2012
SERFF Tr Num:	PLIS-128667244
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	AH-40030
Implementation	On Approval
Date Requested:	
Author(s):	John Plisky
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	10/24/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Group Accident - Only Rider  
**Project Name/Number:** /

**Filing Company:** Starr Indemnity & Liability Company

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: Exempt in Texas.  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Large  
Group Market Type: Employer, Association, Other Explanation for Other Group Market Type: Prof. Trade Org., Labor Union, Financial Institution  
Overall Rate Impact: Filing Status Changed: 10/24/2012  
State Status Changed: 10/24/2012  
Deemer Date: Created By: John Plisky  
Submitted By: John Plisky Corresponding Filing Tracking Number:  
Filing Description:  
Please see Cover Letter.

## Company and Contact

### Filing Contact Information

John Plisky, Consultant j.plisky@verizon.net  
Plisky Plisky & Co. LLC 732-223-0770 [Phone]  
617 Union Ave., Bldg. 1-2 732-223-1776 [FAX]  
Brielle, NJ 08730

### Filing Company Information

(This filing was made by a third party - pliskypliskyandcollc)

Starr Indemnity & Liability Company	CoCode: 38318	State of Domicile: Texas
Administrative Office:	Group Code: 4670	Company Type:
399 Park Avenue, 8th Floor	Group Name:	State ID Number:
New York, NY 10022	FEIN Number: 75-1670124	
(646) 227-6342 ext. [Phone]		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per policy form
Per Company:	No

Company	Amount	Date Processed	Transaction #
Starr Indemnity & Liability Company	\$50.00	10/22/2012	64141151

<b>SERFF Tracking #:</b>	PLIS-128667244	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AH-40030
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Starr Indemnity & Liability Company		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/24/2012	10/24/2012

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## Disposition

Disposition Date: 10/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Explanation of Variable Material	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Form	Amendatory Rider	Approved-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Starr Indemnity & Liability Company
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## Form Schedule

Lead Form Number: AH-40030							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/24/2012	AH-40030	POLA	Amendatory Rider	Initial:	48.100	AH-40030 Amendatory Rider.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



# Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [399 Park Avenue, 8<sup>th</sup> Floor, New York, NY 10022]

## **AMENDATORY RIDER**

This Rider is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective Date of this Rider: [12/01/12]

### **The Policy is hereby amended as follows:**

[The following is added to the Policy's Face Page:

Premium Rate: \$[XXX.XX] [weekly, bi-weekly, monthly, annually]]

#### **[Section 1: Premiums**

The Rate Guarantee Period for the [Basic][Supplemental][Spouse][and][Supplemental Spouse] Accidental Death, Dismemberment and Loss of Sight Insurance Benefit is amended to be [12-60] months.]

#### **[Section 2: Policy Provisions**

The Data To Be Furnished provision is amended by replacing the second sentence with the following:

At any reasonable time while the Policy is in force and for [12-36] months after that, the Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.]

### **The Certificate is hereby amended as follows:**

#### **[SECTION 1: SCHEDULE OF INSURANCE**

[The Annual Enrollment Period is deleted when coverage is Non-Contributory.]

[The following item(s) replace any similar item(s) contained in the Certificate's Schedule of Insurance:

**[Eligible Persons:** [All Active Employees] [Retirees] [Active Members] [and their Dependents] who are citizens or residents of the United States, its territories and protectorates.

Class 1: [Active Employees working at least [15-30] hours weekly] [Active Members]  
[Note: This minimum number of hours will never be less than required by state law.]

[Class 2: [Retirees]]

[Class 3: [Dependents]]

**[Policy Age Limit:** You: [None][65, 70, 75, 80 years of age]  
Spouse: [None] [65-70] years of age ]

**[Principal Sum:** \$[10,000 – 5,000,000]

**[Accidental Death [and Dismemberment] Reduction on and after Age [65, 70, 75, 80,85]:**

We will reduce Your Principal Sum on the Premium Due Date on or next following the date You attain ages [65, 70, 75, 80, and 85]. The reduced amount will be determined by multiplying the Principal Sum shown in the Enrollment Form on file with the Policyholder by the percentage shown below for Your attained age:

<b>Your Age</b>	<b>Percentage of Principal Sum</b>
[Age 65-69	[85-65]% ]
[Age 70-74	[65-45]% ]
[Age 75-79	[45-25]% ]
[Age 80-84	[0-40]% ]
[Age 85 or over	[0-20]% ]

These reductions also apply if:

- 1) You become covered under the Policy; or
- 2) Your coverage increases;

On or after the date You attain age [65, 70, 75, 80, 85].]

**[Principal Sum for each of Your Dependents:**

The Principal Sum that applies to each person covered under the Policy as Your Dependent, on the date of the Accident, is determined by multiplying Your Principal Sum by the percentage determined below.

	<b>Spouse</b>	<b>Each Dependent Child</b>
[Spouse only	[40-100]% or \$[1,000-500,000]	N/A]
[Spouse and Dependent Child(ren)	[40-100]% or \$[1,000-500,000]	[5-50]% or [\$1,000-\$250,000]]
[Dependent Chil(dren) only	N/A	[5-50]% or [\$1,000-\$250,000]]]

**[Aggregate Limitation: [\$1,000,000-\$50,000,000] per Accident**

If the total of all benefits payable for all Covered Persons per Accident, in the absence of this provision exceeds the above amount, each benefit amount will be proportionately reduced so that the total will equal the above amount.]]

[The following Additional Benefits are added:

**[Emergency Medical Benefits**

Benefit Maximum: [\$10,000-\$25,000]]

**[Emergency Medical Evacuation Benefit – 100 Miles**

Benefit Maximum: [\$5,000-Actual Cost]  
Deductible: [\$0-\$250]]

**[Repatriation of Remains Benefit – 100 Miles**

Benefit Maximum: [\$5,000-Actual Cost]  
Deductible: [\$0-\$250]]

**[Permanent Total Disability Benefit – Lump Sum**

Disability Commencement Period:	[90-365] days after Accident
Qualification Period:	[1-13] weeks
Lump Sum Benefit Amount:	[50% - 100%] of Principal Sum]

**[Accident Total Disability Benefit – Weekly Payout**

Waiting Period:	[1-6] months
Weekly Benefit Amount:	[\$250 -\$2,000] per week
Maximum Benefit Period:	[12-520] weeks] ]

[The following Benefit Amounts replace the Benefit Amounts contained in the Certificate's Schedule of Insurance:

**[Common Carrier Benefit**

[Common Carrier] Principal Sum:	[\$10,000-\$5,000,000]
Common Carrier Limit:	[\$10,000-\$5,000,000]]

**[Repatriation Benefit**

Benefit Percentage:	[5%-100%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$5,000,000]] ]

**[SECTION 2: DEFINITIONS**

[The following Definitions are added:

**[Covered Person** means You [and Your Dependents] for whom the required premium is paid.]

**[Medical Emergency** means a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person, or in the case of a pregnant woman, her unborn child, in serious jeopardy.]

**[Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury as prescribed or ordered by a Physician or furnished by a Hospital; 2) performed in the least costly setting required by the Covered Person's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.]

**[Place of Permanent Residence** means the place where a Covered Person has his or her true, fixed and permanent home and principal establishment to which, whenever absent, he or she has the intention of returning. A Covered Person may have only one permanent residence at a time; and, once a permanent residence is established, it is presumed to continue until he or she shows that a change has occurred.] ]

[When the Policyholder is a financial institution, the Definition of Active Member is replaced with the following:

**Active Member** means a customer in good standing according to the rules of the Policyholder.]



[The Definition of Dependent Child(ren) is amended so that the Limiting Age is [26-29].]

*[Note: The Limiting Age will never be less than required by state law.]*

[The Definition of Dependent Child(ren) is amended so that any restrictions that require a child to be unmarried, dependent on You for financial support and maintenance, living with You, a student or unemployed are deleted and shall not apply.]

[The Definition of Spouse is amended so that any age requirement is deleted and shall not apply.] ]

## **[SECTION 5: BENEFITS**

The following Additional Benefits are added:

### **[Emergency Medical Evacuation Benefit – 100 Miles**

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Insurance for expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling 100 miles or more away from his or her Place of Permanent Residence;
2. suffers an Injury [or sickness] during the course of a Covered Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Physician ordering the Emergency Medical Evacuation certifies that the severity of the Covered Person's Injury [or sickness] requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

"Emergency Medical Evacuation" means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury [or sickness] to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her Place of Permanent Residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury [or sickness].

An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance.]

### **[Repatriation of Remains Benefit – 100 MILES**

We will pay Repatriation of Remains Benefits as shown in the Schedule of Insurance for preparation and return of a Covered Person's body to his or her Place of Permanent Residence if he or she dies due to an Injury or sickness while traveling 100 miles or more away from his or her Place of Permanent Residence. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance.]

**[Emergency Medical Benefits]**

We will pay Emergency Medical Benefits as shown in the Schedule of Insurance for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Insurance if the Covered Person:

1. suffers a Medical Emergency during the course of a Covered Trip; and
2. is traveling 100 miles or more away from his or her Place of Permanent Residence.

For the purposes of this Benefit, "Covered Expenses" means:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.]

**[Permanent Total Disability Benefit – Lump Sum Benefit]**

If You [or Your Spouse] are Disabled and such Disability:

- 1) resulted from Injury received before attainment of [the Policy Age Limit][age 70];
- 2) began within the Disability Commencement Period after the Accident;
- 3) continued without interruption for at least the Qualification Period; and
- 4) is reasonably expected to continue without interruption until death;

this Benefit will be paid:

- 1) after We receive Proof of Loss for the injured person, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will pay the Covered Person's Lump Sum Benefit Amount shown in the Schedule of Insurance, less any amount paid or payable under the Accidental Death [and Dismemberment] Benefit under the Policy.

**Disabled or Total Disability**, for the purpose of this Benefit, means Your [or Your Spouse's]:

- 1) inability to perform the material and substantial duties of any occupation which You are suited by education, training and experience;[ or
- 2) with respect to a Spouse who is unemployed, his or her inability to engage in the normal and customary activities or a person of like age and gender in good health.

Your unemployed Spouse must be:

- 1) regularly attended by a Physician; however, regular care of a Physician is not required if it can be determined that your Spouse has reached his or her maximum point of recovery; and
- 2) continuously confined within his or her house or Hospital, provided such house or Hospital confinement will not preclude transportation of Your Spouse to or from a Hospital or Physician's office for necessary treatment at the direction of his or her Physician.]

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

### **[Accident Total Disability Benefit – Weekly Payout**

The Accident Total Disability Benefit amount payable will be the lesser of:

- 1) the Weekly Benefit Amount; or
- 2) [10-100%] of Your [or Your Spouse's] Basic Weekly Pay, minus any benefit for loss of income:
  - a) as a result of the period of Disability for which You [or Your Spouse] is claiming benefits under this plan [and all Policies combined which provide an Accident Total Disability Benefit, issued by Us to the Policyholder]; [and
  - b) pursuant to any temporary or permanent disability benefits under a Workers' Compensation Law, occupational disease law or similar law, including those for which You [or your Spouse] could collect but did not apply]; [and
  - c) pursuant to any plan or arrangement of coverage, [other than income from any accumulated sick time, salary continuation, or paid time off], whether insured or not, [which is received from Your [or Your Spouse's] employer as a result of employment by or association with such employer] [or which is the result of membership in or association with any group, association, union or other organization] for which You [or Your Spouse] are eligible or that are paid to You [or Your Spouse].]

[If the injured person has more than one Covered Accident under this benefit, only one benefit, the largest, will be payable].

The Waiting Period, Maximum Payment Period, and Weekly Benefit Amount are shown in the Schedule of Insurance. The Waiting Period and Maximum Payment Period apply separately to each period of Total Disability.

[Option 1:

**Basic Weekly Pay** means Your [or Your Spouse's] regular weekly rate of pay, [not counting bonuses, commissions, tips and tokens, overtime pay or any other fringe benefit or extra compensation], in effect on the last day You [or Your Spouse] were Actively at Work before You [or Your Spouse] became Disabled.]

[Option 2:

**Basic Weekly Pay** means the 52 week average of Your regular weekly rate of pay, [not including commissions, bonuses, overtime pay or any other fringe benefit or extra compensation], with such 52 week period ending on the last day of active employment prior to becoming Disabled.]

**Period of Disability** means a continuous length of time during which You [or Your Spouse] are Disabled under the Policy.

**Regular Care of a Physician** means that the disabled person is being treated by a Physician:

- 1) whose medical training and clinical experience are suitable to treat the disabling condition; and
- 2) whose treatment is:
  - a) consistent with the diagnosis of the disabling condition;
  - b) according to guidelines established by medical, research, and rehabilitative organizations; and
  - c) administered as often as needed;to achieve the maximum medical improvement and until such time as the maximum point of recovery is obtained.

### **Successive Periods of Disability:**

Periods of Disability:

- 1) due to the same or related medical causes; and
  - 2) separated by less than [30-90 days] during which You [or Your Spouse] are Actively at Work;
- will be considered one Period of Disability.

Periods of Disability separated by at least [30-90] days during which You [or Your Spouse] are Actively at Work will be considered separate Periods of Disability.

Benefits during any Period of Disability as the result of more than one Injury will be considered the same as if the Disability resulted from only one cause.

**Totally Disabled or Total Disability**, for the purpose of this Benefit, means Your [or Your Spouse's]:

- 1) inability to perform the material and substantial duties of Your [or Your Spouse's] usual occupation [or any occupation for which You [or Your Spouse] is suited by education, training and experience]; [or
- 2) with respect to a Spouse who is unemployed, his or her inability to engage in the normal and customary activities of a person of like age and gender in good health and that he or she be under the Regular Care of a Physician.

**Waiting Period** means the number of consecutive days at the beginning of a period of Total Disability which must elapse before benefits are payable. The Waiting Period:

- 1) begins on the first day of Your [or Your Spouse's] Total Disability; and
- 2) is satisfied when You [or Your Spouse] have been continuously Totally Disabled for the number of days shown in the Schedule of Insurance.] ]

## [SECTION 6: EXCLUSIONS

Section 6: Exclusions is deleted in its entirety and replaced with the following:

### **Exclusions:**

The Policy does not cover any Loss caused or contributed by:

- [1.] [sickness or treatment of a sickness, as described in the definition of Injury;]
- [2.] [intentionally self-inflicted Injury;]
- [3.] [suicide or attempted suicide, whether sane or insane;]
- [4.] [war or act of war, whether declared or not;]
- [5.] [Injury sustained while on active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve National Guard Service;  
(We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on active duty. Written notice must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.);]
- [6.] [Injury sustained while on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;]
- [7.] [Injury sustained while on any aircraft:
  - [a.] as a pilot, crewmember or student pilot;]
  - [b.] as a flight instructor or examiner;]
  - [c.] if it is owned, operated or leased by or on behalf of the Policyholder;]
  - [d.] being used for tests, experimental purposes, stunt flying, racing or endurance tests;]]
  - [8.] [Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;]
  - [9.] [Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;]
  - [10.] [Injury sustained while committing or attempting to commit a felony;]
  - [11.] [Injury sustained while Intoxicated;]
  - [12.] [Injury sustained while driving while Intoxicated;]
  - [13.] [active participation in a riot, or insurrection.]
  - [14.] [*{Each item here will be in-or-out.}* bungi-cord jumping, parachuting, skydiving, parasailing, hang-gliding, motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), amateur racing, piloting an aircraft, spelunking, whitewater rafting, surfing, and parasailing.]

- [15.] [flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface:
  - [a. except as a fare-paying passenger on a regularly scheduled commercial airline];
  - [b. being flown by the Covered Person or in which the Covered Person is a member of the crew];
  - [c. being used for: *{Each item below will be in-or-out.}*
    - [i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying]; or
    - [ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);]
  - [d. designed for flight above or beyond the earth's atmosphere];
  - [e. an ultra-light or glider];
  - [f. being used for the purpose of parachuting or skydiving];
  - [g. being used by any military authority, except an aircraft used by the Air Mobility Command or its foreign equivalent.]]
- [16.] [travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.]
- [17.] [an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.]
- [18.] [medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.]
- [19.] a cardiovascular malfunction or stroke caused solely and exclusively by exertion, as verified by a Physician, while the Covered Person is on a Covered Trip;]
- [20.] aggravation of an Injury the Covered Person suffered before a Covered Trip, unless We receive a written medical release from the Covered Person's Physician prior to the Covered Trip.]

**[Intoxicated means:**

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the Accident occurred.]

**[Reserve National Guard Service means: You [or Your Dependents] are :**

- 1) attending or en route to or from any active duty training of less than sixty (60) days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or

taking part as a unit member in a parade or exhibition authorized by official orders.] ]

## **[SECTION 7: GENERAL PROVISIONS**

[The Notice of Claim provision is replaced with the following:

**Notice of Claim:**

You, or the person who has the right to claim benefits, must give Us, or Our authorized representative, written notice of a claim within [30, 60, 90] days after:

- 1) the date of death; or
- 2) the date of loss.

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address and the Policy Number.]

[The Sending Proof of Loss provision is replaced with the following:

**Sending Proof of Loss:**

Written Proof of Loss must be sent within [90, 180] days after the loss. All Proof of Loss should be sent to Us or Our authorized representative.

If Proof is not given by the time it is due, it will not affect the claim if:

- 1) it was not possible to give Proof within the required time; and
- 2) Proof is given as soon as possible; but
- 3) not later than 1 year after it is due unless You, or the person who has the right to claim benefits, are not legally competent.] ]

The following provision is added:

**Compliance with OFAC:**

Payment of loss under the Policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

In all other respects, the Policy and Certificate remain the same.

Signed for the Company:



Honora M. Keane, General Counsel



Charles H. Dangelo, President

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Starr Indemnity & Liability Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Group Accident - Only Rider		
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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/24/2012
Comments:	Master Application AH-40003-AR was approved 2/12/09 with SERFF Tracking No. PLIS-126027253.		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
cover letter-AR-10-22-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variable Material	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
explanation of variables.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
2012 SILC Filing Authorization.pdf			

Starr Indemnity & Liability Company

READABILITY CERTIFICATION

The policy form listed below has been Flesch scored. The following items were deleted before the scoring was done:

- (1) the name and address of the insurer;
- (2) the name, number and title of the policy form;
- (3) captions and subcaptions;
- (4) specification pages, schedules and tables; and
- (5) words that are defined in the policy forms.

Form #

Flesch Score

AH-40030

48.1



Honora M. Keane  
General Counsel

October 18, 2012



# PLISKY PLISKY & CO. LLC

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617 UNION AVENUE, UNIT 1-21    ♦    BRIELLE, NJ 08730    ♦    PHONE: (732) 223-0770    ♦    FAX: (732) 223-1776

October 22, 2012

Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201-1904

Re:    Starr Indemnity & Liability Company  
      NAIC#: 38318        FEIN: 75-1670124  
      TOI:    H02G Group Health –Accident Only  
      Policy Forms: AH-40030    Amendatory Rider

Dear Sir/Madam:

**New Submission.** This Amendatory Rider is to be used with previously-approved Group Accident-Only base policy forms AH-40001 et al. that were approved as SERFF Tracking Number PLIS-126027253 on February 12, 2009 by Rosalind Minor.

**New Rider.** This Amendatory Rider is new and does not replace any of the Company's forms currently on file with your office. This Amendatory Rider simply adds additional benefits and provisions to make the Company's policy forms more competitive in the marketplace.

**Marketing:** Marketing will be through licensed agents and brokers to the following group policyholders: employers; professional trade organizations; labor unions; bona fide associations existing for at least two years and formed for purposes other than insurance; and customers of financial institutions.

**Explanation of Variable Material.** Enclosed is an Explanation of Variable Material that explains how items contained within variable brackets may vary.

**Filing Authority.** This filing is being made by Plisky Plisky & Co. LLC on behalf of the Company. A letter of filing authorization is attached.

Sincerely,

A handwritten signature in black ink, appearing to read "J. M. Plisky", written in a cursive style.

John M. Plisky  
Consultant

Starr Indemnity & Liability Company  
Amendatory Rider AH-40030

EXPLANATION OF VARIABLE MATERIAL

This is a supplement to the submission and provides an explanation as to the use of variable material. Variable material is signified by brackets which allows the policy form to be tailored to the actual plan selected by the policyholder.

The following are self-explanatory: Administrative Office Address, Policy Number, Policyholder and Effective Date.

Policy Changes on Amendatory Rider:

Each bracketed provision and each bracketed phrase will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.

References to dependents will be included if dependent coverage is included, otherwise omitted.

Certificate Changes on Amendatory Rider:

Section 1: Schedule of Insurance

Each bracketed provision and each bracketed phrase will be included as shown or omitted entirely.

Each Benefit will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.

References to dependents will be included if dependent coverage is included, otherwise omitted.

Section 2: Definitions

Each Definition and each bracketed phrase will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.

References to dependents will be included if dependent coverage is included, otherwise omitted.

Section 5: Benefits

Each Benefit will be included as shown or omitted entirely.

Each bracketed phrase will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.

References to dependents will be included if dependent coverage is included, otherwise omitted.

## Section 6: Exclusions

Each Exclusion and each bracketed phrase will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.

References to dependents will be included if dependent coverage is included, otherwise omitted.

Numbering is variable in order to correctly number the Exclusions that are included.

## Section 7: General Provisions

The Notice of Claim provision will be included as shown or omitted entirely.

If omitted from the Amendatory Rider, the Notice of Claim provision contained in the previously-approved Certificate will always be included.

The actual range of numerical items to be used are those shown within the variable brackets.

The Sending Proof of Loss provision will be included as shown or omitted entirely.

If omitted from the Amendatory Rider, the Sending Proof of Loss provision contained in the previously-approved Certificate will always be included.

The actual range of numerical items to be used are those shown within the variable brackets.



# Starr Indemnity & Liability Company

399 Park Avenue, 8<sup>th</sup> Floor,  
New York, NY 10022

March 16, 2012

NAIC Company Code: 38318

To Whom It May Concern:

Please accept this letter as authorization from Starr Indemnity & Liability Company (the “Company”) for John M. Plisky of Plisky Plisky & Co. LLC of Brielle, New Jersey to file any or all policy forms and rate filings as referenced on the attached form listing on behalf of the Company.

Sincerely,

Honora M. Keane, General Counsel